



KENTUCKY TRANSPORTATION CABINET
Dept. of Vehicle Regulation/Division of Motor Carriers
P.O. Box 2007, Frankfort, KY 40602-2007
(502) 564-4127 (8:00 AM - 4:30 PM EST)
TRANSPORTATION.KY.GOV/DMC

TC 95-567
Rev. 06/05

Business name and address:

LIST YOUR COMPANY NUMBER (S):

(K) NUMBER: K _____

KYU NUMBER: _____

DOT NUMBER: _____

KIT or
IFTA NUMBER: _____

2006 KENTUCKY INTRASTATE FOR-HIRE AUTHORITY **RENEWAL**

(EXCEPT HOUSEHOLD GOODS AND PASSENGERS)

**TO ENSURE RECEIPT OF THIS AUTHORITY BEFORE THE EXPIRATION OF YOUR CURRENT AUTHORITY,
RETURN PRIOR TO NOVEMBER 30, 2005**

FEES:

A. Number of vehicles _____ X \$10.00 per vehicle fee = \$ _____

B. If company's RS-3 is included please check here _____ (in place of \$10.00 per vehicle fee)
The RS-3 form will substitute for the \$10.00 per vehicle fee up to the amount paid for Kentucky.
(Note: If your RS-3 does not list the number of vehicles also include the RS-2).

C. The application fee of \$25.00 **must** also be submitted.

D. Total enclosed \$ _____

- **Make fees payable to Kentucky State Treasurer.**
- **The company's evidence of insurance (Form E) must be on file with this agency and in good standing. Carriers with invalid insurance will not be processed until receipt of the Form E.**
- **Write corrections to your company name, address and/or telephone numbers directly on this form. Name and/or address changes require a revised insurance form (Form E).**
- **Future additions to this authority must be submitted on the VEHICLE ADD ON FOR: Kentucky Intrastate For-Hire Authority form. This form may be obtained from our web site: TRANSPORTATION.KY.GOV/DMC or by contacting this agency.**

The undersigned hereby files application for the renewal of Kentucky Intrastate For-Hire Authority. This authorization shall remain in effect until expired by law or revoked by the Kentucky Transportation Cabinet. Any vehicles operated under this authority must carry verification of insurance. I certify that I have access to and am familiar with all applicable regulations of the U.S. Department of Transportation relating to the safe operation of commercial vehicles and the safe transportation of hazardous materials and I will comply with these regulations:

***** FAXED COPIES NOT ACCEPTED *****

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE

(_____) _____
TELEPHONE NUMBER

DATE

Office Use Only
Account codes:

31

33 \$ 25.00

IF YOU ARE NO LONGER OPERATING AS A FOR-HIRE CARRIER CHECK HERE: _____

For overnight delivery, please send to: Division of Motor Carriers, 200 Mero Street, Frankfort, KY 40622